POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.O.		2-28-00
O.I.P.E. CLASSIFIER		49	3/10/00
FORMALITY REVIEW		05915	4-18-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected
= .... Allowed		I .... Interference
— (Through numeral)... Canceled		A .... Appeal
÷ .... Restricted		O .... Objected

BEST AVAILABLE COPY

Claim		Date				
Final	Original	5-1-00	9/8/00	9/5/03	11/19/03	5/24/04

(claims 1–50 in first column)

Claim		Date				
Final	Original	3-9-02	9/8/03	11/19/03	11/24/04

(claims 51–100 in second column)

Claim		Date
Final	Original	

(claims 101–150 in third column)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)